CERTIFICATION OF NO NEW DEBTS

I, Henry L. Wilton, hereby certify under penalty of perjury that I have not incurred any additional debts since the commencement of my bankruptcy case.

Henry L. Wilton

STATE OF VIRGINIA County of Henrico, to-wit:

Sworn and acknowledged before me by Henry L. Wilton on this _______ day of _______, 2011.

Notary Public M Hochelder

My commission expires: July 31, 2013



CERTIFICATION OF SCHEDULES

I, Henry L. Wilton, hereby certify under penalty of perjury that the schedules already filed in my bankruptcy case accurately reflect my financial affairs as of the date my case was converted.

Henry L. Wilton

STATE OF VIRGINIA County of Henrico, to-wit:

Sworn and acknowledged before me by Henry L. Wilton on this day of September , 2011.

Notary Public Mochfedor

My commission expires: July 31, 2013



September 1, 2011

To:

Bankruptcy Court

From:

Henry L. Wilton

cc:

Bob Canfield

Kathleen C. Kruck

Neury L Wief

I have no objection to having Keith Phillips preside over my Chapter 7 Bankruptcy as the

Trustee.

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B8 (Form 8) (12/08)

United States Bankruptcy Court Eastern District of Virginia

In re	Henry L. Wilton		Case No.	10-36398	
		Debtor(s)	Chapter	7	

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: E. C. Wilton	Describe Property Securing Debt: 523 Shares of The Wilton Companies, LLC- Cert. 54B; 942.89 Shares of The Wilton Companies, Inc Cert. 26D; Pledged to E.C. Wilton
Property will be (check one):	,
☐ Surrendered ■ Retain	ed
If retaining the property, I intend to (check at least one): ☐ Redeem the property ■ Reaffirm the debt ☐ Other. Explain (for example	e, avoid lien using 11 U.S.C. § 522(f)).
Property is (check one):	
☐ Claimed as Exempt	■ Not claimed as exempt
Property No. 2	
Creditor's Name: E. Carlton & Betty L. Wilton	Describe Property Securing Debt: 12671 River Road, Goochland County, VA- Residence
Property will be (check one):	-
☐ Surrendered ■ Retain	ed
If retaining the property, I intend to (check at least one): ■ Redeem the property □ Reaffirm the debt	
☐ Other. Explain (for example	e, avoid lien using 11 U.S.C. § 522(f)).
Property is (check one):	
☐ Claimed as Exempt	■ Not claimed as exempt

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Property No. 3	
Creditor's Name: First Capital Bank	Describe Property Securing Debt: 918.92 Shares of The Wilton Companies, LLC- Cert. 23; 459.46 Shares of the Wilton Companies, Inc Cert.18; 1671.62 Shares of The Wilton Companies, Inc Cert. 26C; Pledged to First Capital Bank
Property will be (check one):	
☐ Surrendered ■ Retained	
If retaining the property, I intend to (check at least one): ☐ Redeem the property ■ Reaffirm the debt ☐ Other. Explain (for example, average)	oid lien using 11 U.S.C. § 522(f)).
Property is (check one):	
☐ Claimed as Exempt	■ Not claimed as exempt
D	7
Property No. 4	
Creditor's Name: Hampton Roads Bankshares	Describe Property Securing Debt: 2297.31 Shares of The Wilton Companies, Inc Cert. 4; 250 Shares of The Wilton Companies, LLC- Cert. 113A; 400 Shares of The Wilton Companies, LLC- Cert. 56; 2521 Shares of The Wilton Companies, LLC-Cert. 54A; Pledged to Hampton Roads Bank
Property will be (check one):	
☐ Surrendered ■ Retained	
If retaining the property, I intend to (check at least one): ☐ Redeem the property ■ Reaffirm the debt ☐ Other. Explain(for example, avoid	oid lien using 11 U.S.C. § 522(f)).
Property is (check one): ☐ Claimed as Exempt	■ Not claimed as exempt

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B8 (Form 8) (12/08)		Page 3
Property No. 5		
Creditor's Name: River City Bank/Village Bank		Describe Property Securing Debt: 2666.67 Shares of The Wilton Companies, Inc Cert. 26A; Pledged to River City Bank
Property will be (check one):		
□ Surrendered	Retained	
If retaining the property, I intend to (check □ Redeem the property ■ Reaffirm the debt □ Other. Explain		oid lien using 11 U.S.C. § 522(f)).
Property is (check one):		
☐ Claimed as Exempt		■ Not claimed as exempt
		7
Property No. 6		
Creditor's Name: Wachovia		Describe Property Securing Debt: 125 Shares of The Wilton Company, LLC- Cert. 59; Pledged to Wachovia Bank-Hussey
Property will be (check one):		
☐ Surrendered	Retained	
If retaining the property, I intend to (check a ☐ Redeem the property Reaffirm the debt ☐ Other. Explain		oid lien using 11 U.S.C. § 522(f)).
Property is (check one):		No. 1. de la constant
☐ Claimed as Exempt		Not claimed as exempt
Property No. 7		7
Creditor's Name: Wells Fargo Home Mortgage		Describe Property Securing Debt: 2 Third Avenue, Southern Shores, NC
Property will be (check one):		
☐ Surrendered	Retained	
If retaining the property, I intend to (check a ■ Redeem the property □ Reaffirm the debt □ Other. Explain		oid lien using 11 U.S.C. § 522(f)).
Property is (check one):		
☐ Claimed as Exempt		■ Not claimed as exempt

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B8 (Form 8) (12/08)		,	Page 4
Property No. 8			
Creditor's Name: Wells Fargo Home Mortgage		Describe Property S 3170 Thistle Street,	
Property will be (check one):		I,	
☐ Surrendered	Retained		
If retaining the property, I intend to (check Redeem the property Reaffirm the debt Other. Explain		id lien using 11 U.S.C	C. § 522(f)).
Property is (check one):		C	
☐ Claimed as Exempt		■ Not claimed as ex	empt
PART B - Personal property subject to une Attach additional pages if necessary.) Property No. 1	expired leases. (All three	columns of Part B mu	ast be completed for each unexpired lease.
Lessor's Name: -NONE-	Describe Leased Pro	perty:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): ☐ YES ☐ NO
I declare under penalty of perjury that to personal property subject to an unexpired Date September 6, 2011	ed lease. Signature	ntention as to any production as to any production with the second secon	coperty of my estate securing a debt and/or

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B22A (Official Form 22A) (Chapter 7) (04/10)

In re Henry L. Wilton	
Debtor(s) Case Number: 10-36398 (If known)	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement): The presumption arises.
	■ The presumption does not arise.□ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

	Part I. MILITARY AND NON-CONSUMER DEBTORS			
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.			
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).			
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.			
	■ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.			
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.			
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard			
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;			
	OR			
 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is les 540 days before this bankruptcy case was filed. 				

B22A (0	Official Form 22A) (Chapter 7) (04/10)	odinent i e	190 3 01 14		2
	Part II. CALCULATION OF M	IONTHLY INC	COME FOR § 707(b)(7) EXCLUSION	1
2	 Marital/filing status. Check the box that applies a a. □ Unmarried. Complete only Column A ("D b. □ Married, not filing jointly, with declaration "My spouse and I are legally separated under purpose of evading the requirements of § 707 for Lines 3-11. c. □ Married, not filing jointly, without the decla ("Debtor's Income") and Column B ("Spot d. □ Married, filing jointly. Complete both Column B 	and complete the bal pebtor's Income") for of separate househor applicable non-banla T(b)(2)(A) of the Bar aration of separate hause's Income") for hard	lance of this part of this state or Lines 3-11. olds. By checking this box, d kruptcy law or my spouse an akruptcy Code." Complete of couseholds set out in Line 2.1 Lines 3-11.	ement as directed. lebtor declares under id I are living apart o only column A ("De b above. Complete b	penalty of perjury: other than for the btor's Income'') ooth Column A
	All figures must reflect average monthly income recalendar months prior to filing the bankruptcy case the filing. If the amount of monthly income varied six-month total by six, and enter the result on the a	e, ending on the last d during the six mon	day of the month before	Column A Debtor's Income	Column B Spouse's Income
3	Gross wages, salary, tips, bonuses, overtime, con			\$	\$
4	Income from the operation of a business, profess enter the difference in the appropriate column(s) of business, profession or farm, enter aggregate number not enter a number less than zero. Do not include Line b as a deduction in Part V.	of Line 4. If you ope bers and provide dete any part of the bus	erate more than one ails on an attachment. Do siness expenses entered on Spouse		
	a. Gross receipts	\$	\$		
	b. Ordinary and necessary business expensesc. Business income	Subtract Line b from		\$	\$
5	Rents and other real property income. Subtract the appropriate column(s) of Line 5. Do not enter part of the operating expenses entered on Line by a. Gross receipts b. Ordinary and necessary operating expenses c. Rent and other real property income	a number less than a b as a deduction in Debtor	zero. Do not include any Part V. Spouse \$ \$	\$	s
6	Interest, dividends, and royalties.	Duotitut Dine 5	MI Elife u	\$	S
7	Pension and retirement income.			\$	\$
8	Any amounts paid by another person or entity, expenses of the debtor or the debtor's dependen purpose. Do not include alimony or separate main spouse if Column B is completed.	ts, including child s	support paid for that	s	\$
0	Unemployment compensation. Enter the amount However, if you contend that unemployment compbenefit under the Social Security Act, do not list thor B, but instead state the amount in the space below Unemployment compensation claimed to be a benefit under the Social Security Act	pensation received by the amount of such co tow:	y you or your spouse was a	S	\$
	Income from all other sources. Specify source and			3	5
10	on a separate page. Do not include alimony or sepspouse if Column B is completed, but include all maintenance. Do not include any benefits received received as a victim of a war crime, crime against hadomestic terrorism.	parate maintenance other payments of d under the Social So humanity, or as a vic	payments paid by your alimony or separate ecurity Act or payments stim of international or Spouse		
	b.	\$ \$	\$ \$		
	Total and enter on Line 10	1*1	1 Ψ	s	s

11

Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).

\$

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3

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION	
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	
	a. Enter debtor's state of residence: b. Enter debtor's household size:	\$
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. ☐ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption of top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. ☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.	loes not arise" at the
	Complete Parts IV. V. VI. and VII of this statement only if required. (See Line 15.)	

	Part IV. CALCULATION		s statement only if required		(2)
16	Enter the amount from Line 12.	OF CURREN	I MONTHLY INCO	WIE FOR § 707(D)	\$
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11 Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.				
	a. b. c. d. Total and enter on Line 17		\$ \$ \$ \$		s
18	Current monthly income for § 707(b)(2).	Subtract Line 17 fro	om Line 16 and enter the res	sult.	\$
	Part V. CALCUI	LATION OF D	EDUCTIONS FROM	INCOME	
	Subpart A: Deductions	under Standard	ls of the Internal Reven	ue Service (IRS)	
National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			\$		
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line				
	Household members under 65 years		usehold members 65 years	of age or older	
	a1. Allowance per member b1. Number of members c1. Subtotal	a2. b2. c2.	Allowance per member Number of members Subtotal		\$
	Local Standards: housing and utilities; not			IRS Housing and	J.
20A	Utilities Standards; non-mortgage expenses favailable at www.usdoj.gov/ust/ or from the	for the applicable co	ounty and household size. (\$

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy or Monthly Payments for any debts secured by your home, as stated in Little result in Line 20B. Do not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 c. Net mortgage/rental expense	ty and household size (this information is purt); enter on Line b the total of the Average	S	
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	that the process set out in Lines 20A and led under the IRS Housing and Utilities	\$	
22A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. D D D 1 D 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			
22B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that you public transportation expenses, enter on Line 22B the "Public Tra Standards: Transportation. (This amount is available at www.usdoj.go.court .)	you are entitled to an additional deduction for nsportation" amount from IRS Local	S	
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle			
	1, as stated in Line 42	Subtract Line b from Line a.	\$	
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.			
	Average Monthly Payment for any debts secured by Vehicle	\$		
	2, as stated in Ellie 42	Subtract Line b from Line a.	\$	
25	Other Necessary Expenses: taxes. Enter the total average monthly ex state and local taxes, other than real estate and sales taxes, such as inco security taxes, and Medicare taxes. Do not include real estate or sales	ome taxes, self employment taxes, social	\$	
26	Other Necessary Expenses: involuntary deductions for employmen deductions that are required for your employment, such as retirement of Do not include discretionary amounts, such as voluntary 401(k) con	s		

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27	Other Necessary Expenses: life insurance. Enter total life insurance for yourself. Do not include premiums fany other form of insurance.	\$	
28	Other Necessary Expenses: court-ordered payments. pay pursuant to the order of a court or administrative aginclude payments on past due obligations included in	\$	
29	the total average monthly amount that you actually expe	nt or for a physically or mentally challenged child. Enterend for education that is a condition of employment and for hallenged dependent child for whom no public education	s
30	Other Necessary Expenses: childcare. Enter the total childcare - such as baby-sitting, day care, nursery and p	average monthly amount that you actually expend on reschool. Do not include other educational payments.	s
31	Other Necessary Expenses: health care. Enter the tot health care that is required for the health and welfare of insurance or paid by a health savings account, and that include payments for health insurance or health savings.	is in excess of the amount entered in Line 19B. Do not	s
32	Other Necessary Expenses: telecommunication service actually pay for telecommunication services other than pagers, call waiting, caller id, special long distance, or i welfare or that of your dependents. Do not include any	s	
33	Total Expenses Allowed under IRS Standards. Enter	r the total of Lines 19 through 32.	\$
	Health Insurance, Disability Insurance, and Health Sthe categories set out in lines a-c below that are reasonal	penses that you have listed in Lines 19-32 Savings Account Expenses. List the monthly expenses in obly necessary for yourself, your spouse, or your	
34	dependents.		
	a. Health Insurance	\$	
	b. Disability Insurance	\$	
	c. Health Savings Account	\$	\$
	Total and enter on Line 34. If you do not actually expend this total amount, state below: \$	1 9 6	
35		family members. Enter the total average actual monthly e and necessary care and support of an elderly, chronically f your immediate family who is unable to pay for such	s
36	Protection against family violence. Enter the total aver actually incurred to maintain the safety of your family u other applicable federal law. The nature of these expens	nder the Family Violence Prevention and Services Act or	\$
37	Home energy costs. Enter the total average monthly an Standards for Housing and Utilities, that you actually extrustee with documentation of your actual expenses, a claimed is reasonable and necessary.	s	
38	Education expenses for dependent children less than actually incur, not to exceed \$147.92* per child, for atte school by your dependent children less than 18 years of documentation of your actual expenses, and you must necessary and not already accounted for in the IRS S	ndance at a private or public elementary or secondary age. You must provide your case trustee with t explain why the amount claimed is reasonable and	\$

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.						S			
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).						\$			
41	To	tal Additional Expense Deductions	under § 707(b). Enter the total of L	ines	34 through 40		\$			
Subpart C: Deductions for Debt Payment										
42	owi and ame ban Ave									
		Name of Creditor	Property Securing the Debt	Α	verage Monthly Payment	Does payment include taxes or insurance?				
	а	1.		\$		□yes □no				
					Total: Add Lines		\$			
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include it your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.									
	a		Property Securing the Debt		1/60th of th	e Cure Amount				
						otal: Add Lines	\$			
44	Pay price not	s								
	Cha	apter 13 administrative expenses. I urt, multiply the amount in line a by t	If you are eligible to file a case under he amount in line b, and enter the res	Chapter 13, complete the following sulting administrative expense.						
	a.	a. Projected average monthly Chapter 13 plan payment.		\$						
45	b.		rict as determined under schedules							
		issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of								
	c.	the bankruptcy court.) Average monthly administrative	e expense of Chapter 13 case	To	tal: Multiply Line	es a and b	\$			
46		Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.					\$			
		•	bpart D: Total Deductions fi		Income					
47	Tot		§ 707(b)(2). Enter the total of Lines				\$			
			FERMINATION OF § 707(b			ΓΙΟΝ				
48	Ent		\$							
49	Enter the amount from Line 18 (Current monthly income for § 707(b)(2)) Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))					\$				
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.						\$			
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.					\$				

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	Initial presumption determination. Check the applicable box and proceed as directed.								
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.								
	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remain								
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 55).								
53	Enter the amount of your total non-priority unsecured debt	\$							
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$							
55	Secondary presumption determination. Check the applicable box and proceed as directed.								
	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.								
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.								
	Part VII. ADDITIONAL EXPENSE CLAIMS								
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.								
	Expense Description Monthly Amou	nt							
	a. S								
	b. S								
	c. S								
	d. \$ Total: Add Lines a, b, c, and d \$	-							
	Total. Add Lines a, u, c, and u								
	Part VIII. VERIFICATION								
57	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a join must sign.) Date: September 6, 2011 Signature: Henry L. Wilton (Deltor)	at case, both debtors							
1									

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.